

CASTLE ROCK FIRE & EMS

City of Castle Rock • Cowlitz County Fire District #6
Post Office Box 370 • Castle Rock, WA 98611-0370
(360) 274-4413 • Fax (360) 274-3151
Internet: www.crfa.gov



POSITION ANNOUNCEMENT

Intern Firefighter/EMT

Description

Castle Rock Fire & EMS is seeking applicants for two intern positions. Successful applicants will perform duties of a Firefighter/EMT in responding to emergencies in our 125 square mile response area that includes the City of Castle Rock, Fire District 6, and EMS responses within Fire District 3. We operate out of a single station with a call volume of over 1100 calls per year.

This program differs from basic intern programs in that the successful applicant, in addition to emergency responses, will participate in the administration of the department with heavy emphasis in assisting the department's training coordinator to provide the department with quality training. The position also differs from other intern programs in that interns work day shifts from 0900-1700 and must only complete 8 shifts per month to receive the intern stipend of \$150-\$250 depending on years of service as an intern.

Requirements

- ☐ Must be currently be enrolled in a Fire or EMS education course and maintain the minimum college credit hours.
- ☐ Must be a Washington State certified EMT-B or be enrolled in an EMT-B training course within one year of appointment.
- ☐ Must accommodate a 0900-1700 shift schedule (8 shifts per month minimum). Interns are excused from shifts when hours conflict with academic schedule.
- ☐ Applicants must have a valid Washington State driver's license and an acceptable driving record.
- ☐ Applicants must submit to drug screening and criminal background investigation pursuant to RCW 43.43.830.

Interested persons may contact Chief Kurt Stich or Director Eric Koreis at (360) 274-4413 during regular business hours for information on obtaining an application.



Eric Koreis, Director • (360) 957-0520 • ekoreis@crfa.gov
Kurt Stich, Chief • (360) 957-0544 • kstich@crfa.gov

Department Description:

Castle Rock Fire & EMS is a combination fire and emergency medical services department operating from a single station located in Castle Rock, Washington. We respond to mitigate over 1100 emergency incidents annually in a 125 square mile area of Northern Cowlitz County and serve a population of just over 11,000 residents. Our department is in a partnership with Cowlitz County Fire District 6 for emergency response that allows us to provide our services at the lowest tax rate of any fire department in Cowlitz County. We also have an interlocal agreement with Cowlitz County Fire District 3 for paramedic response into the Toutle and the Mt. St. Helens Volcanic Monument. Our EMS operation is entirely self sufficient through user fees and operates without levies or bond issues.

The department has approximately 58 volunteers, 8 part-time paramedics, 1 part-time secretary, 2 career paramedics, and one career administrator. All firefighters are trained at a level that exceeds Washington State basic firefighter standards and all EMS personnel are trained at the Washington State emergency medical technician basic level or above. The department has several personnel who hold special certifications in areas such as fire investigation, wildland firefighting, incident command, safety, intermediate life support IV technician, vehicular rescue, heavy rescue, and advanced life support paramedicine.

In recent years our department has specialized in areas within both Fire and emergency medical services. The department recently took delivery of a heavy rescue vehicle, the largest of its kind in Cowlitz County. This new vehicle and its associated equipment allow for a previously unprecedented level of response to all forms of vehicular and heavy rescue incidents. The department has also specialized in wilderness EMS and all three of the department's ambulances are equipped with gear to access and stabilize patients in the rugged area we serve surrounding the Mt. St. Helens National Monument.

In anticipation of future growth and in the interest of improving services to our community, the department has established new and innovative programs that are currently underway. A paramedic response vehicle program has been established which places an on duty paramedic in a quick response vehicle to allow for rapid responses to emergencies. This program is the only one like it in Cowlitz County and has cut response times by several minutes. The department has also followed the lead of other Cowlitz County fire departments and has recently launched an internship program which aims to give college level students the opportunity to learn the art and science of firefighting while serving our community.



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Eric Koreis, Director - E-Mail ekoreis@crfa.gov

Kurt Stich, Chief - E-Mail kstich@crfa.gov

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes___ No___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes___ No___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

APPLICANT – Do not write on this page
FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that it complies with all Federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or state and/or federal laws.

Neither V.W. EIMICKE ASSOCIATES, INC. nor its counsel assumes any responsibility for the employer's use of this form or any decision the employer makes which may violate local and/or state and/or federal laws. By publishing and/or selling this form V.W. EIMICKE ASSOCIATES, INC. is not rendering legal advice. Users should consult their legal counsel about any legal questions they may have with respect to the use of this form.

CITY OF CASTLE ROCK
PO BOX 370
CASTLE ROCK, WA 98611
(360) 274-4413

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I authorize you to furnish the City of Castle Rock with any and all information that you have concerning me, my work record, my reputation, my medical information, and my financial status. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documentation, if requested. The information will be used for the purpose of determining my eligibility for employment with the **City of Castle Rock**.

I hereby release you, your organization and others from any liability or damage which may or could result from furnishing the information requested.

This form or a copy may be retained in your files and a photocopy reproduction shall be, for all intents and purposes, as valid as the original.

Applicant's date of birth: _____
(USED FOR IDENTIFICATION PURPOSES, ONLY)

APPLICANT'S SIGNATURE

DATE

State of Washington)

County of Cowlitz)

Subscribed and sworn to before me on this _____ day of _____, 20 ____.

NOTARY PUBLIC

COMMISSION EXPIRES:

RESIDING AT:

CASTLE ROCK FIRE & EMS

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Notice of Criminal History Inquiry - Criminal History Disclosure

Last: _____ First: _____ Middle: _____

Date of Birth: _____ - _____ - _____

Castle Rock Fire & EMS is required by RCW 43.43.830 to investigate the criminal history of all applicants. This investigation will disclose convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications. *Any conviction for any crime in the listed categories shall make the applicant ineligible for membership or employment with Castle Rock Fire & EMS. Any information found in this investigation will be reported to the applicant at their written request.*

You are required to make the following disclosure and answer the following questions; mark the box to the left of each question that applies.

Have you been:

- ☐ Convicted of any crime against children or other persons;
- ☐ Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- ☐ Convicted of crimes related to drugs as defined in RCW 43.43.830;
- ☐ Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- ☐ Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- ☐ Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- ☐ Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult; **OR**
- ☐ None of the above statements apply to me.

"I swear under penalty of perjury under the laws of the State of Washington that the above disclosures are true and correct. I understand that any misrepresentation or falsification of this document will subject me to prosecution for perjury and will cause me to become ineligible for continued/current membership or employment"

Applicant Signature: _____ Date: _____